

AUG 08 2006

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FACSIMILE COVER SHEET

Deliver to: David Nhu, USPTO Art Group: 2818
Facsimile No.: (571) 273-8300 Date: August 8, 2006
From: Brent E. Vecchia, Reg. No. 48,011
Our Docket No.: 42P17288 Number of pages 19 including this sheet.
Application No.: 10/676,738 Filing Date: 9/30/2006
Docket Due Date(s): 8/8/2006

Enclosed are the following documents:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)

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Pat Sullivan 8/8/2006
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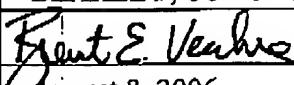
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/676,738
		Filing Date	September 30, 2006
		First Named Inventor	Michael J. Leeson
		Art Unit	2818
		Examiner Name	David Nhu
Total Number of Pages in This Submission	19	Attorney Docket Number	42P17288

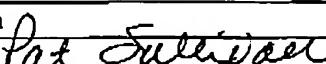
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
		Change of Correspondence Address; Facsimile Transmittal Sheet	
		Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP		
Signature			
Date	August 8, 2006		

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	Date	August 8, 2006	

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (M/r) 11/30/2005.
SEND TO: Commissioner for Patents, P O Box 1450, Alexandria, VA 22313-1450

AUG 08 2006

FEE TRANSMITTAL for FY 2005		Complete if Known	
Patent fees are subject to annual revision.		Application Number	10/676,738
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	September 30, 2006
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Michael J. Leeson
180.00		Examiner Name	David Nhu
		Art Unit	2818
		Attorney Docket No.	42P17288

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION**1. EXTRA CLAIM FEES**

		Extra Claims	Fee from below	Fee Paid
Total Claims	22	27 = 0	50.00 =	\$0.00
Independent Claims	3	5* = 0	200.00 =	\$0.00
Multiple Dependent				

Large Entity**Small Entity**

Fee Code (\$)	Fee Code (\$)	Fee Description
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 380	2203 180	Multiple Dependent claim, if not paid
1204 780	2204 395	**Resus independent claims over original patent
1205 360	2205 150	**Resus claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)
		0.00

*or number previously paid, if greater. For Resus, see below

2. ADDITIONAL FEES**Large Entity****Small Entity**

Fee Code (\$)	Fee Code (\$)	Fee Description
1051 130	2051 65	Surcharge - late filing fee or add'
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet
2053 130	2053 130	Non-English specification
1251 120	2251 60	Extension for reply within first month
1252 450	2252 225	Extension for reply within second month
1253 1,020	2253 510	Extension for reply within third month
1254 1,580	2254 795	Extension for reply within fourth month
1255 2,180	2255 1,080	Extension for reply within fifth month
1401 500	2401 250	Notice of Appeal
1402 500	2402 250	Filing a brief in support of an appeal
1403 1,000	2403 500	Request for oral hearing
1451 1,510	2451 1,510	Petition to institute a public use proceeding
1480 130	2480 130	Petitions to the Commissioner
1807 50	1807 50	Processing fee under 37 CFR 1.17(a)
1806 180	1806 180	Submission of Information Disclosure Stmt
1809 700	1809 385	Filing a submission after final rejection (37 CFR § 1.129(a))
1810 750	2810 365	For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)		
SUBTOTAL (2)		(\$)
		180.00

Fee Paid**SUBMITTED BY**

Complete if applicable

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature	<i>Brent E. Vecchia</i>			Date	08/08/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (W) 12/15/2004.
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